



**CERTIFICATE OF MAILING**

I hereby certify that on September 20, 2004, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage to in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Inventor: Brian J. Cox  
Serial No.: 09/909,715  
Filing Date: 7/20/2001  
Title: Aneurysm Treatment Device and Method of Use  
Examiner: Bradford C. Pantuck  
Group Art Unit: 3731  
Atty Docket No.: 14395-0011

  
Dorothy L. Chambers

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with 37 CFR § 1.56, Applicants submit herewith patents, publications or other information of which they are aware that may be considered in connection with the above-referenced patent application. Submission of this Supplemental Information Disclosure Statement is not intended to constitute an admission that any patent, publication or other information referred to herein is "material" to applicants' invention as that term is currently defined in 37 CFR § 1.56 (37 CFR § 1.97(h)).

In accordance with 37 CFR § 1.97(g), the filing of this Supplemental Information Disclosure Statement shall not be construed to mean that a search has been made or that no other relevant information exists.

Applicant: Brian J. Cox  
Serial No.: 09/909,715  
Group Art Unit: 3731

PATENT  
Docket No. 14395-0011

The filing of this Supplemental Information Disclosure Statement shall not be construed as an admission against interest in any matter. Notice of January 9, 1992, 1135 O.G. 13-25 at 25.

A Patent and Trademark Office Form PTO/SB/08A listing each of these informational items is enclosed along with a copy of each item.

This Supplemental Information Disclosure Statement is being filed before the mailing of the first Office Action after the filing of a request for continued examination under C.F.R. § 1.114. It is believed that no fees are due at this time. The Commissioner is hereby authorized to charge payment or credit any overpayment to Deposit Account No. 50-1329.

Respectfully submitted,

Dated: 9/20/04



Bruce M. Canter  
Registration No. 34,792

STRADDLING YOCCA CARLSON AND RAUTH  
660 Newport Center Drive, Suite 1600  
Newport Beach, CA 92660  
Telephone: (949) 725-4000  
Facsimile: (949) 725-4100  
Customer Number: 31,278

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Complete if Known**

Substitute for form 1449/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT***(Use as many sheets as necessary)*

Sheet 1 of 1

Application Number	09/909,715
Filing Date	July 20, 2001
First Named Inventor	Brian J. Cox
Art Unit	3731
Examiner Name	Bradford C. Pantuck
Attorney Docket Number	14395-0011

**U. S. PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
1	US-	5,464,449	11/07/1995	Ryan et al.	
2	US-	5,536,274	07/16/1996	Neuss	
3	US-	5,609,628	03/11/1997	Keranen	
4	US-	5,951,599	09/14/1999	McCrory	
5	US-	5,980,554	11/09/1999	Lenker et al.	
6	US-	6,190,402	02/20/2001	Horton et al.	
7	US-	6,613,074 B1	09/02/2003	Mitelberg et al.	
8	US-	6,663,607 B2	12/16/2003	Slaikeu et al.	
9	US-	2004/0172056 A1	09/02/2004	Guterman et al.	
	US-				

**FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>3</sup> "Number" "Kind Code" (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>4</sup>
10	WO	95/17859	07/06/1995	Sergei Appolonovich		
11	WO	99/02092	01/21/1999	Scimed Life Systems, Inc.		
12	WO	00/18321	04/06/2000	Intera Technologies, Inc.		
13	WO	01/37892 A1	05/31/2001	Scimed Life Systems, Inc.		
14	WO	02/080782 A1	10/17/2002	Scimed Life Systems, Inc.		

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.